

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FD-429)

SERIAL NO.

770811

ATTACHMENT

FILED DATE

1-26-01

CLAIMS

	AS FILED		AFTER 1st INDEPENDENT		AFTER 2nd INDEPENDENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
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	NO.	OFF.	NO.	OFF.	NO.	OFF.
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